STATEMENT OF

FORM 1		ORGANIZATION (See instructions)					Office use only			
	NAME OF COMMITTEE (in	full) ((Check if name changed)	Exan	nple: If typying, type the lines	12FE4M	5			
<u></u>	Friends of Cli	f Stearns								
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ADDI	RESS (number and	street) PO BC	X 308	ш						
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				CITY		STATE▲		ZIP CODE 🔺		
СОМ	MITTEE'S E-MA	L ADDRESS (Please p	rovide only one e-r	mail addre	ss)					
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COM	MITTEE'S WEB	PAGE ADDRESS (URI	_)							
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2.	DATE 1,2	28 Y	^Y 2 0 0 7							
3. F	FEC IDENTIFICA	TION NUMBER	(C C00	229377					
4. I	IS THIS STATEN	IENT X NEW (N) OR		AMENDED (A)					
Lcertif	fy that I have exam	ned this Statement and to	the hest of my know	wledge and	d helief it is true correct a	nd complete				
rocrai	y that Thave exam	ned in a clatement and to	The best of my know	wicage and		ina complete				
Туре	or Print Name of	Treasurer Ka	thleen Balboni	i						
Signa	ature of Treasure	Electronically Filed I	oy Kathleen E	Balboni		Date 0	1 / D	04 Y 2010		
NOTE	E: Submission of fa	se, erroneous, or incompl	•	•	e person signing this Sta	·		U.S.C. §437g.		
	Office				For further information			EC FORM 1		
	Use Only				Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	ssion		Revised 02/2009)		